Organic Livestock Plan Certification Questionnaire

Please complete all sections of this questionnaire if you are requesting organic livestock (slaughter, dairy, eggs, non-edible livestock products) certification. Copies pages or use additional sheets as necessary. This form is required for initial LDAF Livestock Certifications, and for currently certified livestock producers every fifth year or when your operation has significant changes. Other years, a short form will be provided for your ease. Please contact the LDAF office if you have any questions regarding this questionnaire. (\$25.00 Nonrefundable Application Fee)

Name (Authorized Representative) Farm Name	5.401
Address City	
State Zip code Date	
Phone Fax Email	
Legal status: Sole proprietorship Legal partnership (federal form 1065) Corporation	
☐ Cooperative ☐ Trust or non-profit ☐ Other (specify)	
Year first List previous organic List current organic certification by certification by other other agencies Livestock Plan	
certified certification by other other agencies Livestock Plan agencies Questionnaire was la	et
submitted	,
Type of Livestock Farm	
Please list type of livestock and livestock products requested for certification:	
Theade not type of investock and investock products requested for continuation.	
Give directions to your farm for the inspector.	
When are you available to contact?	
When are you available for the inspection? Morning Afternoon Evening (The Authorized Representative of the operation must be present for the inspection.)	
Have you ever been denied	
certification?	
Do you understand the current National Organic Program (NOP) Do you have a copy of current NOP	
standards?	No
For office use only	
Date received Transmittal #	
Date reviewed Check #	
Check Date	

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SECTION 2: Livestock Operation Profile/Source of Livestock

NOP Rule 205.201, .236, .272

The NOS requires the producer of an organic livestock operation to maintain records sufficient to preserve the <u>identity</u> of <u>all organically managed animals</u> and edible & non-edible animal products on the operation. Some exceptions allow transition of livestock to organic with time frames required for organic management as outlined in NOS §§205.236(a). Note: All mammals to be sold as organic slaughter stock, including dairy culls, must follow all organic slaughter stock standards, including organic management from the last third of their gestation. Split and parallel livestock operations must be able to verify management that maintains organic integrity of organic livestock.

Please itemize animals requested for organic certification (O) or conventional (C):													
LIVESTOCK TYPE (includes young stock)	# FEI	MALE	:s C	0 #	MALES	С		CASTRA O	TED MA	LES C			MIZE AS NEEDED, milk, eggs, fiber,
Cattle - Dairy													.,
Cattle - Beef													
Poultry (specify)													
Goats													
Sheep													
Other (specify)													
Have any livestock be	Have any livestock been obtained or do you intend to obtain any livestock from off-farm? ☐ Yes ☐ No												
If yes, give specific ir	nformation on	lives	tock fror	m off-farn	n sourc	es:							
TYPE OF LIVESTOCK	ID #/FLOCK	#	DATE OF	BTAINED		HATCHIN	NG	s	OURCE	AND PI	HONE NUMB	ER	CERTIFIED BY WHAT AGENCY?
			l										
			1										
SPLIT/PARALLEL PRO	ODUCTION:											Not appli	cable
Please describe all liv	estock prod	ucts	that are	or will b	e unde	er simu	ltan	eous o	rganic	and	non-orga	nic prod	uction:
LIVESTOCK PROD	DUCT			TYPE OF L	IVESTO	CK		1		TED QI	UANTITY C		CTED QUANTITY N-ORGANIC
If you have split or pa	rallel livestock	pro	duction,	please de	escribe	all proh	ibite	ed subs	tances	and p	oractices u	ised:	
Describe measures tak	cen to prevent	orga	anic lives	stock and	livesto	ck prod	ucts	from c	ontami	natio	n by prohil	oited sub	stances:
Please describe measu	ures taken to p	oreve	∍nt comn	ningling o	of orgar	nic and	non	-organio	c livest	ock pi	roducts:		

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NOP Rule 205.201, .206(f), .239

The NOS require organic livestock operations to be based on systems that maximize health of animals and allow for their natural behavior. Animal environment must include: access to shade, shelter, fresh air, outdoors, exercise areas, and direct sunlight suitable to the species, production stage, and climate; clean and dry bedding as appropriate to the system; and housing design which is safe and allows for natural behavior.

TYPE OF HOUSING AND MAP DESIGNATION	SIZE (LENGTH X WIDTH)	TYPE OF LIVESTOCK HOUSED	NUMBER OF ANIMALS HOUSED
Describe type(s) of bedding used:			
Is this bedding typically consumed by	the livestock?	es 🗌 No	
If yes, do you have verification that be	edding is organic?	Yes No	
low often is housing cleaned out an	d how is it cleaned?		
Describe locations of any treated lur	mber (with prohibited	d materials) that may come into contac	t with livestock:
Describe sanitation or cleaning prod	lucte usad:		
besoribe samuation of cleaning proc	dets used.		
Describe on-farm manure handling (storage facilities, me	eans of containing run off, etc.):	
-		-	
How and when is manure spread or o	therwise disposed of?		
Estimated quantity of manure general	ted per year: T	ons Acres of land used for manure a	application:
	r than pasture, used	by animals (map designation, terrain,	size etc.):
Please describe outdoor areas, othe	• ,		
Please describe outdoor areas, othe	• ,		
Please describe outdoor areas, othe	•		
Please describe outdoor areas, othe	• ,		
Please describe outdoor areas, othe	• ,		
		DRS? spring summer f	all winter

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B. PASTURE MANAGEMENT: no pastures provided for livestock Please describe all pastures used by livestock: All pastures must be indicated on maps and field history forms.

PASTURE DESIGNATION	ACREAGE	STOCKING RATE	PREDOMINANT FORAGE SPECIES	LENGTH OF TIME GRAZED BEFORE ROTATION	ANNUAL LENGTH OF TIME NOT GRAZED

What months are livestock pastured?

What techniques are used to prevent waste runoff?

What techniques are used to prevent erosion?

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What techniques are used to prevent overgrazing?								
How do you ensure buffers are maintained between grazing areas and land not under organic management?								
All buffers must be de	scribed on the Farm Pla	an Questionnaire a	and noted on you	ır maps.				
C. FEED SUPPLEME	NTS AND ADDITIVES:			☐ No supplements or additives used				
Please describe all fe	eed supplements and	additives, includ	ing silage inocι	ulants, preservatives, etc.:				
FEED SUPPLEMENT/ ADDITIVE	SOURCE	PROJECTED AMOUNT USED IN FEED RATION	*IS INGREDIENT LIST AVAILABLE?	LIVESTOCK TYPE AND REASON FOR USE (ENSURE COMPLIANCE WITH ANY NOS ANNOTATIONS)	:			
D. FEED STORAGE: What type(s) of feed	do vou store?			□ None				
	-	- Farma Dian Over	tions are also as a discall	_				
_				licated on attached maps.	!			
How do you ensure t	hat organic feed is no	ot commingled wi	ith non-organic	feed? No non-organic fe	∍ea			
How do you dispose	of synthetic materials	s used for bale w	raps, silage cov	vers, or other uses to protect feed?				
	ture Fertility Ma			NOP Rule 205.237	7			
A. GENERAL INFOR What are your generations	MATION AND EVALU	ATION:						
what are your genera	ai soii types?							
What are your soil/no	utrient deficiencies?			☐ No deficiencies				
How do you monitor	the effectiveness of y	our fertility man	agement progra	am? 🔲 soil testing				
			· <u>-</u>	observation of pasture health				
Attach copies of availa	able test results.							
How often do you co other (specify)	nduct fertility monito	ring? weekly	y 🗌 monthly	annually as needed				
Rate the effectivenes	ss of your fertility man	nagement progra	m. 🗌 exceller	nt satisfactory needs improvement				
What changes do y	ou anticipate?							

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WHAT ARE THE MAJO	OR COMPONENTS OF YOUR FERTILITY PLAN?		
☐ rotations ☐	purchased organic fertilizers $\ \square$ on-farm manure $\ \square$	off-farm manure	soil amendments
☐ foliar fertilizers	☐ soil inoculants ☐ other (specify)		
1 :-4 -11 #4:11:4 :4-			4
	used or intended for use in the current season on pure current year and previous three years must be listed or		
PRODUCT	BRAND NAME OR SOURCE	No. APPLICATIONS	REASON FOR USE
		PER YEAR	5
IE VOILUSE EEDTII 17	I ERS WITH HIGH SALT CONTENT (SODIUM NITRATE	DOTACCIUM CIII	EATE ETC.) HOW DO YOU
PREVENT SALT BUILI		, POTASSIUM SUL	.FATE, ETC.), HOW DO 100
			☐ Not applicable
NATURAL RESOURCE	ES:		
	205.203(a) requires that production practices maintain of		
	quality. Practices must minimize erosion. Depending on bacteria if water is used for washing/processing organic		
	organic crops with prohibited materials. Methods to con		
plan.	_		_
		onservation tillage	permanent waterways
	irebreaks 🗌 tree lines 🔲 retention ponds 🔲 ripa	arian management	
other (specify)			
WHAT COLL EDGGLON	I DDODLEME DO VOLLEYDEDIENCE 2		П
WHAT SUIL ERUSION	PROBLEMS DO YOU EXPERIENCE ?		☐ none
Describe how you mo	nitor the effectiveness of your soil conservation prog	gram.	
•	,		
How often do you con	duct conservation monitoring? ☐ weekly ☐ mo	nthly \square annually	/ ☐ as needed
-	ed to protect water quality?		
<u> </u>	from waterways	tention ponds L	riparian management
☐ maintain wildlife	habitat		
If livestock have acce	ss to a river, creek, or pond, how do you prevent bar	nk erosion?	☐ No access
Describe your efforts	to minimize water contamination problems listed ab	ove.	
Describe t			
Describe how you mo	nitor the effectiveness of your water quality program	1.	

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SECTION 6: Livestock Health Management

NOP Rule 205.201, .238

The NOP requires a production environment that promotes livestock health, limits livestock stress, and prevents use of prohibited materials. If prohibited treatments are used, the treated animals and/or their products may not be sold as organic. All appropriate treatments must be used to restore an animal to health when methods acceptable for organic production fail. Records must be sufficient to demonstrate compliance with the NOP Act and regulations. Physical alterations may only be conducted for the animal's ultimate benefit, and shall be administered in ways that minimize pain and stress.

u ou ooo.				
A. GENERAL INFO	PRMATION	:		
Identify the general	compone	nts of your animal health management progra	m:	
	-	own replacement stock isolation for incoming		vaccinations
_	=	o outdoors	-	
=				
		pro-biotics $\ \square$ periodic fecal examinations $\ \square$ par	rasite vector and intermediate host	control
release of benefic	ial organisı	ns 🗌 dusting wallows 🔲 other (specify)		
How do you monito	r livestock	health?		
-				
B. HEALTH OR DIS	EASE PRO	BLEMS:		
List health problem	s, and pro	ducts used or planned for use, including vacc	inations, on organic livestock:	□None
HEALTH	FLOCK/	PREVENTION AND	PRODUCT(S) USED	ALLOWED (A)
PROBLEM/ DISEASE	ANIMAL ID	MANAGEMENT PRACTICES	AND DATES USED	PROHIBITED (P)
DIOLAGE		THOTIOES		
Have any animals in	ntended fo	r certification been treated with antibiotics or	parasiticides? Yes (listed abo	ve) 🗌 No
_			·	•
if you use any norm	iones, spe	cify which, state reason for use, and when use	ed. Not us	sea
Names and phase as				
Name and phone nu	umber of y	our veterinarian:		
What are your sour	ces of wate	er for livestock use?		
	_	I ☐ river/creek/pond ☐ spring ☐ other (sp	oocify)	
on-site well	_ municipa	i ☐ iivei/creek/poild ☐ sprilig ☐ otilei (st	Decity)	
If you use additives	in the wat	er, list them and state reason for use:	☐ No addi	tives used
If livestock have ac	cass to a r	iver or creek, how do you prevent contaminati	ion from sources unstream?	
ii iivestook iiave ac	0000 to a i	ito. O. oreek, now do you prevent containmati	on nom sources apatieam:	

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C. PEST CONTROI	:	no livestock pests
Which of the follow	ving types of livestock pests affect your operation? \Box flies \Box	internal parasites
☐ predators ☐ oti	ner (specify)	
How do you preve	nt or control livestock pests?	
How do you monit	or for presence of livestock pests?	
D. PHYSICAL ALTI	ERATIONS: Please see NOS §205.238(a)(5)	
	Il alteration practices you use: ☐ none used ☐ castration ☐ c☐ removal of extra teats ☐ other (specify)	lehorning □beak trimming □ tail docking
	nysical alterations practices listed above:	
ALTERATION PRACTICE	METHOD USED AND MEANS OF REDUCING LIVESTOCK STRESS	REASON FOR ALTERATION PRACTICE
SECTION 7: Red	and range	NOP Rule 205.103, .201, .236
The NOS requires an audit trail which medications. Orga (cattle, sheep, hog identified are to be	records sufficient to preserve the identity of all organically man in permits tracing the sources and amounts of all animals, feeds nic animals must be traced from before birth to slaughter, inclusions, etc.) must be individually identified. Poultry, rabbits and oth tracked by flock, lots or other applicable units wherein all indictions cords must be retained for 5 years, even for animals that have	naged animals. Therefore, LDAF requires is, supplements and additives, and uding purchase and sales. Large animals er small animals that are not individually viduals have received the same inputs
Describe your ider	atification system: ☐ collars ☐ ear-tags ☐ tattoos ☐ lot numl	per
	ted with prohibited materials, how are they identified and/or se	egregated?
Please list types o	f livestock records you keep:	
documentation o	f source of animals breeding off-farm feed/feed supplemen	ts
individual health	records herd/flock health records somatic cell/plate count	☐ milk production ☐ sales ☐ slaughter
☐ shipping/transp	ortation \square egg handling reports \square records to show separation of [complaint log other (specify)
Production Record	ls must be kept for 5 years.	
	OUR OWN ORGANIC FEED CROPS, YOU MUST COM	PLETE SECTIONS 8 – 10.

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SECTION 8: Crop Managemen	nt for Production of Fe	ed Crops NOP Rule 205.205 and 205.206
problems, and manages deficient or emanure crops, and catch crops. Prodhabitat for pests. Cultural practices,	excess plant nutrients. Your c ucers must utilize sanitation i including selection of plant s	c matter content, prevents weed, pest, and disease crop rotation may include sod, cover crops, green measures to remove disease vectors, weed seeds, and pecies and varieties adapted to site-specific conditions,
must be used to enhance crop health.		v ha vaad when managamant prostices are insufficient
to prevent or control problems. All we	eed, pest, and disease inputs	y be used when management practices are insufficient must be approved. A "restricted" input has specific at provide evidence of how you address the materials'
A. CROP ROTATION PLANS: (Use on	e line for each rotation used)	
CROP ROTATION PLAN	FIELD NUMBERS WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES
B. WEED MANAGEMENT PLAN:		☐ No weed problems
What are your problem weeds?		
What weed control methods do you u	se? Coron rotation C fi	eld preparation
-	•	ilization use of fast emerging varieties
	•	ng
		er crops
synthetic mulch corn gluten	-	•
Do you keep a record of how often yo flame weed?	u utilize these weed control n	nethods, i.e., dates and fields when you cultivate or Yes No
All inputs used or intended for use during Sheet.	the current year and used in th	he previous three years must be listed on your Field History
	ulches, is the mulch remove	d at the end of the growing or harvest season?
If no, why not?		
If you use soap-based herbicides, list	all areas where used.	
If you use newspaper, etc. for mulch,	do you use paper with glossy	y or colored inks?
EVALUATION:	_	_
Rate the effectiveness of your weed n	nanagement program:	xcellent satisfactory needs improvement
How do you monitor the effectiveness	s of your weed management p	program? weed counts
☐ observation of weed types ☐ c☐ ☐ other (specify)	omparison of crop yields	records kept of observations/counts
C. PEST MANAGEMENT PLAN:		☐ No pest problems
What are your problem pests?	nsects (list)	
☐ rodents ☐ gophers ☐ birds	_ ` '	
Do you work with a pest control advis	, , <u>, , , , , , , , , , , , , , , , , </u>	☐ Yes ☐ No
,		

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What strategies d	lo you use to control	pest damage to cr	ops?		none used
crop rotation	n 🗌 selection for pla	ant species/varieties	☐ dev	elopment of habitat for natural enemie	S
timing of pla	anting \square companior	n planting 🔲 frog	ponds [☐ bat houses ☐ bird houses ☐	hand picking
☐ monitoring	☐ trap crops ☐ p	hysical barriers] physica	I removal	IPM
☐ insect repell	lents 🔲 animal repe	llents 🗌 release	of predato	rs/parasites of pest species	
use of appro	oved products 🔲 us	e of restricted produ	icts 🔲 I	imited use of prohibited products	
other (speci	fy)				
Do you keep a red	cord of how often you	ı utilize these pest	control m	nethods, i.e., dates when you scout	or apply inputs to a
specific field or c		•			☐ Yes ☐ No
List all pest conti	rol products used or i	intended for use in	the curre	ent season on organic fields. All inpu	ıts used or intended for
use during the curi	rent year and in the pre			ed on your Field History Sheet.	
☐ Not applicable					
	CONTROL PROD		APPROVED A)	IF RESTRICTED, DESCRIBE COMPLIANCE WI	TH NOP RULE ANNOTATION
PEST PROBLEM	CONTROLTROE	,	CTED (R)	II RESTRICTED, DESCRIBE COMI EIANGE WI	THE ROLL ANNOTATION
EVALUATION:					
Rate the effective	eness of your pest ma	nagement prograr	n? 🗌 e	excellent 🗌 satisfactory 🔲 needs	improvement
How do you moni	itor the effectiveness	of your pest mana	gement p	rogram? insect monitoring with	traps
☐ observation	of crop health	mparison of crop yi	elds 🗌	crop quality testing monitoring r	ecords kept
other (speci	fy)				
Attach copies of	your test results, if ap	plicable.			
	·	-	☐ moi	nthly annually as needed	
other (speci	fy)			. – . –	
-	NAGEMENT PLAN:				No dispaso problems
D. DISEASE MAN	NAGEWIENT PLAN:				No disease problems
\\/\bat\dia					
-	_	-	-	field sanitation plant spac	=
		- •	_	ating U vector management U s	soil balancing
		•		use of approved materials	
use of restri	cted materials	nited use of pronibit	ed materia	als	
				our organic crops. All inputs used or sted on your Field History Sheet.	intended for use
during the current	year and used in the pi	evious tillee years	musi be ns	ned on your rield riistory oneet.	Not applicable
		STATUS: APPROVED			пот аррисавіе
DISEASE PROBLEM	CONTROL PRODUCT	(A)	IF F	RESTRICTED, DESCRIBE COMPLIANCE WITH NO	P RULE ANNOTATION
DIOLAGE I NOBELIII		RESTRICTED (R)			
EVALUATION:			•		

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How do you monito	,			program:	excelle	ent 🔲 sati	ISTACIO	ry
	or the effe	ctiveness of	your pest r	management pro	gram?	? 🔲 soil te	esting	
☐ microbiological testing ☐ observation of soil ☐ observation of crop health ☐ comparison of crop yields								
☐ crop quality te	esting \square	monitoring re	ecords kept	other (spec	cify)			
Attach copies of yo	our test res	sults, if applic	able.					
How often do you o	conduct pe	est monitorin	g? □ w	eekly 🗌 month	nly [annually	□ as	needed
other (specify	•		• –	, _	, –	- ,	_	
	,							
SECTION 9: Se	eeds/See	ed Treatmo	ents for	Production o	f Fee	d Crops		NOP Rule 205.204
organic seeds, you unless included or	must hav the Natio . NOP Rul	e records of nal List. Gen e uses the pl	your attem etically en hrase "exc	npts to source or gineered/modific luded methods"	rganic ed (GM to refe	seed. Synth IO) seeds ar er to GMO p	etic se nd inoc roduct	ly available. If using non- eed treatments are prohibited culants are prohibited in ts. Please save all seed and the inspector.
List all seeds used needed. Attach add No seeds used No GMO seeds	ditional sh	eets if neces seeds are org	sary.	season. Check			xes ar	nd provide other information a
SEED/VARIETY/BRAND	ORGANIC (✓)	Untreated (✓)	TREATED (✓)	Type/brand Fungicide		TMENT	WH	IAT ATTEMPTS DID YOU MAKE TO USE ORGANIC/UNTREATED SEED?
					<u> </u>			
SECTION 10: S	Sail Earti	ility for the	o Produc	tion of Food	Cron	c		NOP Rule 205.204
☐ crop rotation	•	•		•	•	•	•	tion of crop residues
sub-soiling								soil amendments
☐ side dressing	⊔ топа	r tertilizers L	blodyna	mic preparations	∟ s	ioii inocuiant	s 📙	otner (specify)
1 :-4 -11 4. (****)	ıts used o							
				e current seasor				
All inputs used durin PRODUCT	g the curre		revious thre				listory S	
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin	g the curre	nt year and pi	revious thre			n the Field H	listory S	Sheet:
All inputs used durin PRODUCT	g the curre BRAND	nt year and pi	revious thre	ee years must be i	listed o	n the Field H	S PER	Sheet:
All inputs used durin PRODUCT IF YOU USE FERTI	g the curre BRAND	nt year and pi	revious thre	ee years must be i	listed o	n the Field H	S PER	Sheet: REASON FOR USE
All inputs used durin PRODUCT IF YOU USE FERTI	BRAND	nt year and po	ce CE	NT (SODIUM NIT	listed o	n the Field H	S PER	Sheet: REASON FOR USE FATE, ETC.), HOW DO YOU

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SECTION II: Main	tendince of organi	o integrity	NOP	Kule 203.2	01(a)(5) and 205.202(c)		
ADJOINING LAND USE: NOP RULE requires that organic production areas have distinct boundaries and buffer zones to prevent the unintended application of a prohibited substance or contact with a prohibited substance that is applied to adjoining land not under organic management. Adjoining land includes cropland, pastures, residential property, fallow land, etc. Buffer areas may change annually, depending on contamination potential from adjoining land uses. The width of the minimum buffer is dependent on certifying agent policy. The NOP Rule requires that the buffer must be sufficient in size or other features (windbreaks, diversion ditches) to prevent the unintended contact by prohibited substances applied to adjacent land areas. Crops within the required buffer must be left un-harvested or harvested, stored, and disposed of as nonorganic crop, with records kept of crop disposition. Indicate buffer zones and show all adjoining land uses on your field maps.							
List specific buffer areas you maintain. (Show all adjoining land uses on your field maps.)							
LOCATION OR FIELD NUMBER	TYPE OF BUFFER (CROP LAND, TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP)	WIDTH OF BUFFER	ADJOINING L	AND USE	IF CROP IS HARVESTED FROM BUFFER, DESCRIBE USE (SALE, NON- ORGANIC LIVESTOCK FEED, SEED, ETC.)		
		_					
What additional safeguards do you use to prevent accidental contamination? Written notification to: highway departments electric companies aerial spray companies/airports adjoining landowners drainage commissions farm service office other (specify)							
Have you posted "No Spray" signs along roadsides that adjoin organic fields? ☐ Yes ☐ No							
Do any fields or portions of fields flood frequently? (more than once every ten years) If yes, list field numbers:							
How do you prevent contamination of organic crops/livestock in the area of buffers and/or adjoining lands managed conventionally?							
EQUIPMENT:							
To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops and prohibited materials, Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment clean and flush activities.							
List equipment used for planting, tillage, spraying, and harvesting.							
EQUIPMENT NAME							
-	(R), OR CUSTOM (C)		VENTIONAL (>)		FIELDS?		

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Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak?
Do you use spray equipment?
HARVEST:
NOP Rule 205.272(b)(1) and (2) requires that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.
How are your organic crops harvested? ☐ mechanical ☐ by hand
Are any organic crops custom harvested?
If yes, provide name and address of custom harvester.
Describe steps taken to protect organic crops from commingling and contamination during harvest.
What containers are used for harvesting? ☐ gravity wagons/boxes ☐ truck boxes ☐ cardboard/waxed boxes ☐ wooden totes ☐ plastic containers ☐ other (specify)
Are containers new or used? used used
If used, what did they contain prior to organic use?
Are the containers used for organic crops only?
Describe potential contamination or commingling problems you have with harvest of organic crops.
SECTION12: Handling for Slaughter NOP Rule205.102, .201, .272
Organic livestock operations that slaughter or process meat products are required to complete a separate handler/processor plan and become certified as an Organic Handler/Processor.
□ NO SLAUGHTER
If you contract for slaughter and processing of livestock, you must provide the:
Name, address, phone number and contact person for facility where your animals are slaughtered:
This facility or portion of this slaughter facility must be an organic certified handler/processor. Please provide certification information on this handler/processor:

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complete a separate nandier/p	bottle milk or process milk into other processor plan and become certified as	roducts (cheese, butter, cream, etc.) are required to an Organic Handler/Processor.
☐ NO DAIRY OPERATION		
		regulatory sanitation requirements. All inputs for nt sanitizers must present no risk of contamination.
Please indicate type of milk h		☐ automated ☐ step saver ☐ hand milking
Describe cleaning cycle for m	illking equipment (water temperature, nu	mber of rinses, type of cleaning materials, etc.):
Detergent name:	Acid cleaner name:	Sanitizer name:
Please specify products used	to clean animals:	☐ None used
Teat dips	Udder washes	Other
How often do you change infla	ations?	
How many animals do you cu	rrently milk?	
SECTION 14: Egg Handli	ng and Packing	NOP Rule 205.102, .201, .272
	meet all applicable Federal and State re ed to verify that organic integrity is main	gulatory requirements. Facilities that handle eggs ntained.
☐ NO EGG HANDLING		
If any processing is contracte	ad please provide:	
If egg processing is contracte	a piease provide.	
	er contact person for facility where egg	s are washed, graded and packed:
Name, address, phone numbe	er contact person for facility where eggs	s are washed, graded and packed:
Name, address, phone number This facility or portion of this certification information on the	er contact person for facility where eggs	ganic certified handler/processor. Please provide
Name, address, phone number This facility or portion of this certification information on the SECTION 15: Marketing	er contact person for facility where eggs s egg processing facility must be an org nis handler/processor:	yanic certified handler/processor. Please provide NOP Rule 205.303311
Name, address, phone number This facility or portion of this certification information on the SECTION 15: Marketing Organic integrity must be main	er contact person for facility where eggs segg processing facility must be an org nis handler/processor:	ganic certified handler/processor. Please provide
Name, address, phone number This facility or portion of this certification information on the SECTION 15: Marketing Organic integrity must be main please indicate how livestock	er contact person for facility where eggs segg processing facility must be an organis handler/processor: intained and verifiable through sale of organisms of the products are marketed: retail CSA/subscription service on	NOP Rule 205.303311 rganic product. All product labels must be approved.
Name, address, phone number This facility or portion of this certification information on the SECTION 15: Marketing Organic integrity must be mained please indicate how livestock farmers market direct to contract to buyer other (see the second	er contact person for facility where eggs segg processing facility must be an organis handler/processor: intained and verifiable through sale of organic products are marketed: retail	NOP Rule 205.303311 rganic product. All product labels must be approved.
Name, address, phone number This facility or portion of this certification information on the section of this certification information on the section of this certification of the section of the secti	er contact person for facility where eggs segg processing facility must be an organis handler/processor: intained and verifiable through sale of organic products are marketed: retail	NOP Rule 205.303311 rganic product. All product labels must be approved.
Name, address, phone number This facility or portion of this certification information on the section of this certification information on the section of this certification of the section of the secti	er contact person for facility where eggs segg processing facility must be an organis handler/processor: intained and verifiable through sale of organic products are marketed: retail	NOP Rule 205.303311 rganic product. All product labels must be approved.
Name, address, phone number This facility or portion of this certification information on the section of this certification information on the section of this certification of the section of the secti	er contact person for facility where eggs segg processing facility must be an organis handler/processor: intained and verifiable through sale of organic products are marketed: retail	NOP Rule 205.303311 rganic product. All product labels must be approved.
Name, address, phone number This facility or portion of this certification information on the SECTION 15: Marketing Organic integrity must be mained please indicate how livestock farmers market direct to contract to buyer other (see the property of the contract to buyer other (see the property of the contract to buyer other (see the property of the contract to buyer	er contact person for facility where eggs segg processing facility must be an organis handler/processor: intained and verifiable through sale of organic products are marketed: retail	NOP Rule 205.303311 rganic product. All product labels must be approved.

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SECTION 16: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed land or pasture areas for the last three years, nor to any animals I plan to sell as organic. I understand that my operation may be subject to unannounced inspections and/or sampling for residues at any time. I understand that acceptance of this questionnaire in no way implies granting of certification by the Louisiana Department of Agriculture and Forestry. I agree to follow National Organic Standards (NOS) requirement.

Signature of Op	perator _		Date			
I have attached	the follo	wing <u>required</u> documents:				
☐ Maps of the	operatio	n (including buildings and pasture/grazing areas and showing adjoi	ning land use and identification)			
☐ Field history	sheet (b	pe sure to list pastures on field history sheets provided)				
☐ Organic pro	duct labe	els for products used (if applicable)				
SUBMIT:	1)	Completed Questionnaire				
	2)	Supporting Documents				
	3)	\$25.00 Nonrefundable Application Fee				
TO:	Louisiana Department of Agriculture and Forestry (LDAF)					
	Orga	anic Certification Program				
	PO E	3ox 91081				
	Bato	on Rouge, LA 70821-9081				

If you have not made copies yet, be sure to do so before submitting Farm and Livestock Plans and supporting documents to the office.

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FIELD HISTORY SHEET

Instructions: Complete this Field History Sheet for all fields (organic or conventional). You can use your own form as long as it contains the same information. List all inputs (pest management, fertility, etc.) used or planned for use, including compost and/or manure. Inputs that have already been applied must include the rate and date of application unless you are keeping separate input records. Keep copies for your files. This form should accompany your Organic Livestock Plan or Organic Livestock Plan Update form.

Code: O = Organic or C = Conventional Producer Name

Code			Year		Year		Year			
	No.	ha.	Crop	Input	Crop	Input	Crop	Input	Crop	Input

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